PTO/SB/17 (01-06)

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Approved for use through 07/31/2006.
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	1	Complete if Known						
Fees pursuant to the Consolida	•	Application Number 10/612,133						
FEE TR	AL I	Filing Date		07/02/2003				
For FY 2006				First Named Inv		Mervyn John Miles et al.		
		000		Examiner Name		Thanh X. Luu	nes et al.	
Applicant claims small	entity status	s. See 37 CFR 1	.27	Art Unit	<del></del>	2878		
TOTAL AMOUNT OF PAYN	IENT (\$	) 680.00	)			2070 SHP-PT077		
Allotticy booker to.   Orlin 1 1011								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEAR				011 5550	<b>5</b> V44	AINIATION EEE	0	
	FILING	Small Entity	SEAF	CH FEES Small Entity	EXAN	INATION FEE: Small Entity		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$</u>		Fee		Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	<del></del>	
Reissue	300	150	500	250	600	300	<del></del>	
Provisional	200	100	0	0	(	0	<del></del>	
2. EXCESS CLAIM FEE	S					Fee (\$)	Small Entity	
<u>Fee Description</u> Each claim over 20 (including Reissues)							<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)							100	
Multiple dependent cl	aims					360	180	
<u>Total Claims</u>	Extra Clai	ms Fee (\$)	Fee	Paid (\$)			Dependent Claims	
HP = highest number of total	claims paid f	or. if greater than 2	= 0.			<u>Fee (\$)</u>	Fee Paid (\$)	
	Extra Clai			Paid (\$)		<del></del>		
HP = highest number of inden	endent claim	XX	=	0				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4 OTHER FEE(0)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RCE (395) and 3-mo. Extension of Time (285) fees 680.00								
UBMITTED BY				7 0 1 2				

SUBMITTED BY			
Signature	Rum W. O Dan	Registration No. (Attorney/Agent) 53,401	Telephone 215-568-6400
Name (Print/Ty	pe) Ryan W. O'Donnell	Date february 28,2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.